



Application # _____

Harnett County Central Permitting
420 McKinney Pkwy Lillington, NC 27546
PO Box 65 Lillington, NC 27546

910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: Brian Shiray Date 5.17.2024
Site Address: 184 Donnas Lane Springlake NC 28390 Phone 910.322.8500
Subdivision: _____ Lot _____
Description of Proposed Work: New SFD Total Job Cost _____

General Contractor Information

Precision Construction Restoration 910.890.5660
Building Contractor's Company Name Telephone
335 Oberlin Ct. Fayetteville, NC 28303 jason@pcandr.org
Address Email Address
84459 HEATED SQ FT 1345 GARAGE SQ FT NA
License #

Electrical Contractor Information

Description of Work New SFD Service Size: _____ Amps T-Pole: Yes No
Rowe Electric Corporation 910.584.7770
Electrical Contractor's Company Name Telephone
14577 Hays Rd Springlake NC 28390 chris.rowe@elect@yahoo.com
Address Email Address
07510 - U
License #

Mechanical/HVAC Contractor Information

Description of Work New SFD
Certified Heating and Air Conditioning 910.858.0000
Mechanical Contractor's Company Name Telephone
207 David Parnell St. Parkton, NC 28371 _____
Address Email Address
License #

Plumbing Contractor Information

Description of Work New SFD # Baths 2
Bill Hallock Plumbing, LLC 910.858.4139
Plumbing Contractor's Company Name Telephone
777 Vail Rd Pikeville, NC 27863 billhallock12@gmail.com
Address Email Address
24037
License #

Insulation Contractor Information

Stornaway Construction 910.988.4070
Insulation Contractor's Company Name & Address Telephone

*NOTE: General Contractor / owner must fill out and sign the second page of this application.

I hereby certify that I have the authority to make necessary application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the above contractors is correct as known to me and that **by signing below I have obtained all subcontractors permission to obtain these permits** and if **any** changes occur including listed contractors, site plan, number of bedrooms, building and trade plans, Environmental Health permit changes or proposed use changes, I certify it is my responsibility to notify the Harnett County Central Permitting Department of any and all changes.

EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.

 Br S
Signature of Owner/Contractor/Officer(s) of Corporation

 6.24.2024
Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

General Contractor Owner Officer/Agent of the Contractor or Owner

Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.

Has no more than two (2) employees and no subcontractors.

While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker's compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.

Sign w/Title: *Br S* / owner

Date: 6.24.2024